

1 PLACE OF BIRTH

## North Carolina State Board of Health

BUREAU OF VITAL STATISTICS

County

Columbus

Township

Bolton

or

Town

Bolton

Registration District No. 245293

Certificate No. 40

or

City

(No.

St.

Ward)

(If birth occurs in hospital, or other institution, give name of same instead of street number)

2 FULL NAME OF CHILD

Janie Mary Graham

3 Boy

Girl

Girl

4 Twin, triplet,  
or other?

(To be answered only in event of plural births)

5 Number in order  
of birth6 Parents  
married

Married

7 Date of  
birth

Aug 31

1916

(Name of month)

(Day)

(Year)

8 FULL  
NAME

FATHER

Joe Graham

14 NAME  
BEFORE  
MARRIAGE

MOTHER

Prudie Jane Graham

9 RESIDENCE

Near Bolton

15 RESIDENCE

Near Bolton

10 COLOR

Indian

11 AGE AT LAST  
BIRTHDAY

35

(Years)

16 COLOR

Indian

17 AGE AT LAST  
BIRTHDAY

28

(Years)

12 BIRTHPLACE

Columbus co

18 BIRTHPLACE

Bladen co

13 OCCUPATION

Public work

19 OCCUPATION

House Keeping

20 Number of children born to this mother, including present birth

1

21 Number of children of this mother now living

5

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

22 I hereby certify that I attended the birth of this child, who was

Born Alive at

3:30 P. on the date above stated.  
(Born alive or stillborn) (Hour, a. m. or p. m.)

23 (Signature)

Edith J. Freeman

(State whether physician or midwife)

Midwife

24 P. O.

Bolton R. F. P.

Given name added from supplemental report

25 Witness

(Signature of witness necessary only when 23 is signed by mark)

26 Filed

Sept 10, 1916

27

J. D. H. R. R.

Local Registrar

Registrar

28 P. O.

Bolton

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.